

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

|                        |                    |
|------------------------|--------------------|
| Application Number     | 10/052,840         |
| Filing Date            | 1/16/2002          |
| First Named Inventor   | Glenn F. Evans     |
| Group Art Unit         | 2132               |
| Examiner Name          | GILBERTO BARRON JR |
| Attorney Docket Number | MS1-1024US         |

Total Number of Pages in This Submission

**ENCLOSURES (check all that apply)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br>PTO-1449 Form; Cited References (3);<br>Return Post Card |
| <input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority<br>Documents<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                               |                                |
|-------------------------------|--------------------------------|
| Firm<br>or<br>Individual Name | Lance R. Sadler/Reg. No. 38605 |
| Signature                     |                                |
| Date                          | December 22, 2004              |

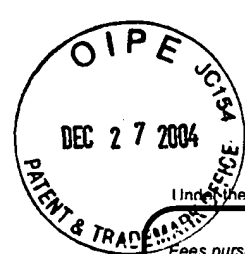
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |              |      |          |
|-----------------------|--------------|------|----------|
| Typed or printed name | Anna G. Hook |      |          |
| Signature             |              | Date | 12.23.04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
0.00**Complete if Known**

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/052,840         |
| Filing Date          | 1/16/2002          |
| First Named Inventor | Glenn F. Evans     |
| Examiner Name        | GILBERTO BARRON JR |
| Art Unit             | 2132               |
| Attorney Docket No.  | MS1 -1024US        |

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                                                                         | Fee (\$) | Small Entity Fee (\$) |
|---------------------------------------------------------------------------------------------------------|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200      | 100                   |
| Multiple dependent claims                                                                               | 360      | 180                   |

|                                                                       |                     |                 |                      |                                  |                 |                      |
|-----------------------------------------------------------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <b>Total Claims</b>                                                   | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| - 20 or HP =                                                          | x                   | 50              | =                    |                                  |                 |                      |
| HP = highest number of total claims paid for, if greater than 20      |                     |                 |                      |                                  |                 |                      |
| <b>Indep. Claims</b>                                                  | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |                                  |                 |                      |
| - 3 or HP =                                                           | x                   | 200             | =                    |                                  |                 |                      |
| HP = highest number of independent claims paid for, if greater than 3 |                     |                 |                      |                                  |                 |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |                                                         |                 |                      |
|---------------------|---------------------|---------------------------------------------------------|-----------------|----------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| - 100 =             | / 50 =              | (round up to a whole number) x                          |                 |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**Fees Paid (\$)****SUBMITTED BY**

Signature

Registration No. 38605  
(Attorney/Agent)

Telephone (509) 924-9256

Name (Print/Type) Lance R. Sadler

Date 12/23/04

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. ....10/052,840  
Filing Date .....1/16/2002  
Confirmation No. ....1880  
Inventorship ..... Glenn F. Evans  
Applicant ..... Microsoft Corporation  
Group Art Unit .....2132  
Examiner ..... GILBERTO BARRON JR  
Attorney's Docket No. .... MS1-1024US  
Title: Secure Video Card Methods and Systems

**INFORMATION DISCLOSURE STATEMENT AND**  
**CERTIFICATION UNDER 37 CFR 1.97(e)**

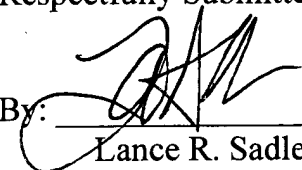
The citations listed, copies attached, may be material to the examination of the subject application and are therefore submitted in compliance with the duty of disclosure defined in 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

I hereby certify that to my knowledge, after reasonable inquiry, that each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the statement.

Furthermore, each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart application and this communication was not received by any individual designated in §1.56(c) more than thirty days prior to the filing of the information disclosure statement.

Date: 12/23/04

Respectfully Submitted,

By:   
Lance R. Sadler  
Reg. No. 38,605

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

*(use as many sheets as necessary)*

|       |   |    |   |
|-------|---|----|---|
| Sheet | 1 | of | 1 |
|-------|---|----|---|

**Complete if Known**

|                        |                    |
|------------------------|--------------------|
| Application Number     | 10/052,840         |
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| Art Unit               | 2132               |
| Examiner Name          | GILBERTO BARRON JR |
| Attorney Docket Number | MS1-1024US         |

## U.S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

| Examiner Initials' | Cite No. <sup>1</sup> | Foreign Patent Document                                                           | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines,<br>Where Relevant Passages<br>or Relevant Figures Appear | T <sup>6</sup> |
|--------------------|-----------------------|-----------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|----------------|
|                    |                       | Country Code <sup>3</sup> –Number <sup>4</sup> –Kind Code <sup>5</sup> (if known) |                                |                                                    |                                                                                 |                |
|                    |                       |                                                                                   |                                |                                                    |                                                                                 |                |
|                    |                       |                                                                                   |                                |                                                    |                                                                                 |                |
|                    |                       |                                                                                   |                                |                                                    |                                                                                 |                |
|                    |                       |                                                                                   |                                |                                                    |                                                                                 |                |
|                    |                       |                                                                                   |                                |                                                    |                                                                                 |                |

**Examiner  
Signature**

Date  
Considered

\***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

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